

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	clh		02-06-01
FEE DETERMINATION			
OFFICE CLASSIFIER		14	2/26
FORMALITY REVIEW	MD	579	4/3/01
RESPONSE FORMALITY REVIEW	mel	1030	6-21-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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